

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/29/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G504		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/24/2012	
NAME OF PROVIDER OR SUPPLIER  IN-PACT INC				STREET ADDRESS, CITY, STATE, ZIP CODE 211 W 76TH AVE MERRILLVILLE, IN 46410			
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W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: April 16, 17, 18, 19 and 24, 2012.</p> <p>Provider Number: 15G504 Facility Number: 001018 AIM Number: 100239810</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP.</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed on 4/27/12 by Tim Shebel, Medical Surveyor III.</p>			W0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview, the facility failed to ensure a legally sanctioned decision maker was obtained to assist in financial decisions for 1 of 3 sampled clients (client #1.)</p> <p>Findings include:</p> <p>A review of client #1's record was conducted at the facility's administrative office on 4/17/12 at 11:35 A.M.. Client #1's Individual Support Plan (ISP) dated 2/17/12 indicated: "Legal Status: Emancipated adult....Will learn next quarter purchase." The ISP attachment dated 2/17/12 indicated: "He needs assistance in the areas of Medical skills, Financial skills and Civil rights." Review of client #1's "Assessing and Exercising Resident Rights Decision Making/Critical Skills Inventory" dated 2/10/11 indicated: "Financial Management: Understands that in order to purchase items, you need money, 0 (Never)...Understands individual values of coins and currency, 0</p>		W0125	<p>Families of the consumers who are emancipated adults have received information about guardianship and the different types of guardianship. It also included information about legal assistance. Responsible Person: Sandra Kimbrough, Administrative Assistant. Power of Attorney was discussed in past IDT meeting, which included the individual and their parent(s). POA has been sought out for the consumers that are emancipated adults and only need assistance to give informed consent for financial affairs and/or healthcare. Their parent(s) helped their child/adult in the delegating process. Responsible Person: Traci Hardesty, Program Coord/QMRP. A document signed designating an advocate without whom s/he won't make major decisions was sought out for the consumers that are emancipated adults and only need assistance to give informed consent. This discussed in past IDT meeting, which included the individual and their parent(s). Their parent(s) helped their child/adult in the delegating process. Responsible Person: Sandra Kimbrough,</p>		05/24/2012	

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	<p>(Never)...Understands relative values of coins and currency, 0 (Never)...Spends according to priority, 0 (Never)...Understands the purpose of saving money, 0 (Never)...Understands the purpose of budgeting money, 0 (Never)...Purchases items independently, 0 (Never)."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) and Group Home Director (GHD) was completed at the facility's administrative office on 4/24/12 at 2:15 P.M.. The QMRP indicated client #1 did not have a legally sanctioned decision maker to assist him in making financial decisions and was unable to do so independently. The GHD indicated client #1 did not need anyone to be appointed to assist in financial matters because the facility was representative payee and his parents had Power Of Attorney for medical concerns.</p> <p>9-3-2(a)</p>		<p>Administrative Assistant.Family member(s) or designated person will continue to advocate on their behalf by actively participating in all meetings and signing all consents along with the individual. Responsible Person: Sandra Kimbrough, Administrative Assistant. A representative payee is considered an alternative to guardianship according to FSSA. The payee is authorized by the Social Security office to receive and manage money from a federal program for a person who is unable to do so. In-Pact, Inc. is the Representative payee for client #1. Responsible Person: Social Service Coordinator, Judy Edwards. To ensure compliance, annually at the ISP meeting; guardianship/legal representation to assist in the aid to the consumer in making informed consent will be discussed. Responsible Person: Social Service Coordinator, Judy Edwards.Addendum added to the above and all of the below: Client #1 has a money goal, to continue to work on the understanding of money. Responsible Person: Betty Moody, Group Home Manager &amp; Traci Hardesty, Program Coord/QMRP.POA was obtained prior to age 18, he was still a minor and his parents were and remain to oversee his rights including financial. Responsible Person: Sandra Kimbrough, Administrative Assistant.Family</p>				

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				<p>member(s) have been in contact with a lawyer regarding guardianship issues. They have been informed that they are the parents/advocates and responsible party for their disabled son. Responsible Person: Family Member. Annually, a decision making/critical skills inventory is completed. According to this assessment, client #1's capacity to give informed consent is that he only needs assistance with financial management. Assistance can be made without taking his rights away from him. He scored a 3 (regularly) will demonstrate preference on what to buy, he has a representative payee and money outside of SSI does not exceed current needs. He scored a 2 (occasionally) exchanges money for an item or service. He scored a 1 (seldom) on all other areas noted from the survey summery. He did not have a score of 0 (never) anywhere on this entire assessment...giving him a total score of 17. 0-15 = cannot give informed consent, 15-21 = needs assistance &amp; 22-30 = can give informed consent. Responsible Person: Betty Moody, Group Home Manager &amp; Traci Hardesty, Program Coord/QMRP. As an agency, we discuss all matters with the parent(s)/family member(s) of the individual &amp;/or legal representative. They are contacted at least quarterly by the QDDP and at least monthly by</p>			

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				<p>the Group Home Manager, unless something unexpected occurred. They would then be contacted regarding that issue at that time. Responsible Person: Betty Moody, Group Home Manager &amp; Traci Hardesty, Program Coord/QMRP. The individual &amp;/or a legal representative are able to request/see any medical &amp;/or financial record. They also are always invited/welcome to attend any medical appointment/meeting to be able to assist in making an informed decision. Responsible Person: Betty Moody, Group Home Manager &amp; Traci Hardesty, Program Coord/QMRP. If the money recieved outside of the federal program exceeds the current needs to the individual, then guardianship or volunteer advocate will be pursued. If the money received outside of the federal program does not exceed the current needs to the individual, then accordance to Indiana Code IC 29-3-8-3 and IC 29-3-8.5-4, then guardianship or volunteer advocate will not be pursed since neither have authourity over money for current needs. Current needs is defined to include money to use towards leisure activities, clothing, vacations, and other items that may increase the person's quality of life. At this point, all of client #1's finances are funds distributed by SSI, thus leaves the facility responsible for</p>			

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				the care and oversight. The guardianship issue will be discussed again with the family during our quarterly contact this month. Responsible Person: Traci Hardesty, Program Coord/QMRP.			

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W0126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation and interview, for 5 of 5 clients residing at the group home (clients #1, #2, #3, #4 and #5), the facility failed to encourage and teach each client to access their personal finances.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 4/16/12 from 5:20 P.M. until 7:41 P.M.. At 5:30 P.M., Direct Support Professional (DSP) #3 announced she was taking clients #2 and #5 to Wal Mart for their community spending inclusion. Client #2 stated "I thought you said we could go to Meijers?" Client #5 stated "I want to go to the Mall to look around." DSP #3 then stated "You can only go to one place." DSP #3 then stated "We are going around the corner to the gas station." DSP then stated "You only have \$1.27, you don't have enough money to buy something from the store."</p> <p>An interview with clients #1 was</p>		W0126	<p>Management staff and direct care staff were re-trained on our policy. There is a system in place to encourage and teach each client to access their personal funds. Responsible person: Traci Hardesty, Program Coord/QDDP. Clients # 1, 2, 3, 4 and 5 will have money accessible to them at all times. Responsible person: Betty Moody, Group Home Manager &amp; Traci Hardesty, Program Coord/QDDP. To ensure compliance, a program status report will be completed monthly, which will include client access to the money and that safety measure are in place to detour misappropriation of those funds. Responsible person: Traci Hardesty, Program Coord/QDDP &amp; Sheila O'Dell, Group Home Services Director.</p>		05/24/2012	

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	<p>conducted on 4/16/12 at 6:15 P.M.. Client #1 indicated he wanted to go to a store to look around and buy something.</p> <p>An interview with DSPs #1 and #3 was conducted at 6:20 P.M.. When asked where the clients personal funds were kept when they want to have more money accessible to spend when in the community, DSPs #1 and #3 indicated the clients' personal funds were kept in the Group Home Manager's office in the basement and indicated only three people had keys to the office, and further indicated none of the staff with keys were schedule on 4/16/12, so clients #2 and #5 could not have access to the rest of their money to spend on their community inclusion.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 4/24/12 at 12:15 P.M.. The QMRP indicated only 3 staff at the group home had access to the keys to the group home manager's office where client #1, #2 #3, #4 and #5's personal funds were kept locked at all times.</p> <p>9-3-2(a)</p>						



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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on interview and record review the Qualified Mental Retardation Professional (QMRP) failed to ensure a form of communication between the teachers and the group home staff was implemented for 1 of 3 sampled clients (client #1) who attended a public school and was nonverbal.</p> <p>Findings include:</p> <p>An interview with client #1's teacher was conducted at the school on 4/16/12 at 12:45 P.M.. The teacher indicated client #1 does not participate in educational field trips because the facility would not provide a sack lunch for the activities. The teacher further indicated monthly calendars and reminder notices are sent to the group home for the scheduled field trips which indicate sack lunches must be provided from home.</p> <p>An evening observation was conducted at the group home on 4/16/12 from 5:20 P.M. until 7:41 P.M.. At 6:40 P.M., a review of client #1's monthly school calendar was conducted. Review of the</p>		W0159	<p>Staff have been instructed to check book bag every day and pass along pertinent information. Manager will following up to ensure it was completed. Responsible Person: Betty Moody, Group Home Manager .The Coordinator has requested that the school send important notices &amp; the monthly calendars to her as well, so that activities can be better monitored. Responsible Person: Traci Hardesty, Program Coord/QDDP.To ensure compliance, quarterly day service contacts are made to ensure proper communication and that services are uninformed a cross all environments. Responsible Person: Betty Moody, Group Home Manager &amp; Traci Hardesty, Program Coord/QDDP.</p>		05/24/2012	

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	<p>calendar dated April 2012 indicated client #1 had a scheduled field trip on 4/18/12 to the "Tall Tree Arbortorium" and further indicated a sack lunch must be sent from home. Direct Support Professional (DSP) #1 prompted client #1 to get his book bag. In his book bag was a reminder letter from the teacher which indicated a sack lunch must be provided from home.</p> <p>An interview with client #1's teacher was conducted on 4/24/12 at 1:30 P.M.. Client #1's teacher indicated client #1 did not attend the field trip because a sack lunch was not provided. The teacher further indicated she sent reminder notices on 4/16/12 and 4/17/12.</p> <p>An interview with the QMRP and Group Home Director (GHD) was conducted on 4/24/12 at 2:15 P.M.. The GHD stated "[Client #1] doesn't take a lunch to school, hot lunches are provided to him at the school." The QMRP indicated she did not know client #1 was not attending the educational field trips.</p> <p>9-3-3(a)</p>						

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview the facility failed for 1 of 3 sampled clients (client #2) to develop a program to address the client's documented behaviors.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 4/16/12 at 10:40 A.M.. A review of the facility's Bureau of Developmental Disability Services (BDDS) reports was conducted and indicated:</p> <p>A BDDS report dated 8/21/11 which indicated client #2 could not be found in the group home and was found 15 minutes later at Walgreens on Route 30."</p> <p>An internal incident report dated 2/4/12 which indicated client #2 eloped from the group home and was found at Walgreens on Route 30.</p> <p>A review of client 2's record was</p>		W0227	<p>Client #2's BSP was revised to include a behavior that occurred during a visit prior to his admissions date. Responsible Person: Karen Warner, Behaviorist. All staff were retrained on client #2's BSP, which now addresses elopement behavior. Responsible Person: Traci Hardesty, Program Coord/QDDP. To ensure compliance, a reliability will be completed to show competence. Responsible Person: Betty Moody, Group Home Manager.</p>		05/24/2012	

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	<p>conducted at the facility's administrative office on 4/17/12 at 12:05 P.M.. Client #2's record indicated a most current Behavior Support Plan (BSP) dated 2/27/12. Client #2's BSP did not include a plan to address elopement. Further review of client A's record indicated a most current Individual Support Plan (ISP) dated 9/9/11. Client #2's ISP failed to include a goal/objective to address elopement.</p> <p>An interview with Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 4/24/12 at 2:15 P.M.. The QMRP indicated there was no goal/objective in client #2's ISP or BSP to address elopement.</p> <p>9-3-4(a)</p>						

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W0247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation and interview, the facility failed for 2 of 5 clients residing at the group home (clients #2 and #5), to allow clients choice and self-management pertaining to their community spending inclusion.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 4/16/12 from 5:20 P.M. until 7:41 P.M.. At 5:30 P.M., Direct Support Professional (DSP) #3 announced she was taking clients #2 and #5 to Wal Mart for their community spending inclusion. Client #2 stated "I thought you said we could go to Meijers?" Client #5 stated "I want to go to the Mall to look around." DSP #3 then stated "You can only go to one place." DSP #3 then stated "We are going around the corner to the gas station."</p> <p>An interview with clients #1 was conducted on 4/16/12 at 6:15 P.M.. Client #1 indicated he wanted to go to a store to look around and buy something.</p>			W0247	<p>Clients will have opportunities for client choice and self-management, which is pertaining to their community spending inclusion. Compromise will be attempted when there is more than one client going out. Responsible Person: Betty Moody, Group Home Manager. All Staff were trained on opportunities for client choice and self-management, which is pertaining to their community spending inclusion. Compromise will be attempted when there is more than one client going out. Responsible Person: Traci Hardesty, Program Coord/QDDP. To ensure compliance, an observation reliability will be completed to show competence. Responsible person: Betty Moody, Group Home Manager.</p>		05/24/2012

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	<p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 4/24/12 at 2:15 P.M.. The QMRP indicated DSP #3 should have given clients #2 and #5 the opportunity to choose where they wanted to go.</p> <p>9-3-4(a)</p>						

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 1 of 3 sampled clients (client #3).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 4/16/12 from 5:10 A.M. until 7:30 A.M.. During the entire observation period client #3 walked back and forth from the living room into the kitchen. Direct Support Professional (DSP) #1 would occasionally walk through and visually check on client #1 but did not offer meaningful active treatment activities or implement client objectives.</p> <p>An evening observation was conducted at the group home on 4/16/12 from 5:20</p>			W0249	<p>Staff will implement all written objective during times of opportunity, not just during scheduled times. Responsible person: Betty Moody, Group Home Manager. All staff were retrained in active treatment and missed opportunities. Responsible person: Traci Hardesty, Program Coord/QDDP. To ensure future compliance, a reliability will be completed on both am and pm shift. Responsible person: Betty Moody, GH Manager &amp; Traci Hardesty, Program Coord/QDDP.</p>		05/24/2012



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	<p>P.M. until 7:41 P.M.. During the entire observation period client #3 laid in his bed. Direct Support Professionals (DSP) #1, #3 and #4 did not offer meaningful active treatment activities or implement client objectives.</p> <p>A review of client #3's records was conducted on 4/17/12 at 12:30 P.M.. A review of the client's 3/22/12 Individual Support Plan indicated the following objectives which could have been implemented during the 4/16/12 morning and evening observation periods: "Will identify coins...Will learn to wash clothes/towels...Will match pictures to words." The Behavior Support Plan (BSP) dated 4/25/11 indicated the following which could have been implemented during the mentioned observation periods: "Use a written schedule for [client #3] as he finishes each activity, have him cross it off...Structure the environment so [client #3] has to ask for that which he wants...Avoid napping during the day to foster good sleep at night...Give [client #3] a time in the clock activities will end."</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 4/24/12 at 2:15 P.M.. The QMRP stated client objectives should be implemented</p>						

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	<p>"during times of opportunity." The PD further indicated client #3 should have had been provided with meaningful active treatment activities during the 4/16/12 morning and evening observation periods.</p> <p>9-3-4(a)</p>						

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 1 of 3 sampled clients (client #1), to promote dignity by not ensuring client #1's face was shaven.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 4/16/12 from 5:10 A.M. until 7:30 A.M.. During the entire observation client #1 was unshaven.</p> <p>A evening observation was conducted at the group home on 4/16/12 from 5:20 P.M. until 7:40 P.M.. During the entire observation client #1 was unshaven.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was interviewed on 4/24/12 at 2:15 P.M.. The QMRP indicated clients should be shaven daily.</p> <p>9-3-5(a)</p>		W0268	<p>Client #1 will continue to participate in shaving his face at least four times a week. Responsible Person: Betty Moody, Group Home Manager. All staff were re-trained in client #1's activity schedule, which includes shaving four times a week. Responsible Person: Traci Hardesty, Group Home Coord/QDDP. To ensure compliance, shaving will be added to his activity schedule to ensure that it is completed at least four times a week. Responsible Person: Betty Moody, Group Home Manager.</p>		05/24/2012	

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W0383	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area.</p> <p>Based on observation and interview, the facility failed for 5 of 5 clients residing at the group home (clients #1, #2, #3, #4 and #5), to ensure only authorized persons had access to the keys to the medication lock box and cabinet.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 4/16/12 from 5:10 A.M. until 7:30 A.M.. During the entire observation period clients #1, #2, #3, #4 and #5 walked in and out of the open, unsecured kitchen/dining area . At 6:10 A.M., Direct Support Professional (DSP) #2 was observed retrieving the group home medication lock box and cabinet keys out of the top drawer of the clear plastic bin located next to the black lock box on top of the counter in the open, unsecured kitchen/dining area. At 7:00 A.M., DSP #2 was observed placing the keys to the medication lock box and medication cabinet back in the top drawer of the unsecured clear plastic bin located on the unsecured kitchen cabinet.</p>			W0383	<p>Staff will be trained to ensure that the med key is secure and only available to authorized persons. Responsible Person: Traci Hardesty, Program Coord/QDDP. A reliability will be completed during an observation to ensure med key is secure. Responsible Person: Betty Moody, Group Home Manager. To ensure compliance, a monthly program status report will be completed, which will include spot checks to ensure the medication key is secure. Responsible Person: Traci Hardesty, Group Home Program Coord/QDDP and Sheila O'Dell, Group Home Director.</p>		05/24/2012

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	<p>An evening observation was conducted at the group home on 4/16/12 from 5:20 P.M. until 7:41 P.M. During the entire observation period clients #1, #2, #3, #4 and #5 walked in and out of the open, unsecured kitchen/dining area. At 6:30 P.M., Direct Support Professional (DSP) #3 was observed retrieving the group home medication lock box and cabinet keys out of the top drawer of the clear plastic bin located next to the black lock box on top of the counter in the open, unsecured kitchen/dining area. At 6:45 P.M., DSP #3 was observed placing the keys to the medication lock box and medication cabinet back in the top drawer of the unsecured clear plastic bin located on the unsecured kitchen cabinet.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 4/24/12 at 2:15 P.M.. The QMRP indicated the keys should only be available to authorized persons and further indicated the person responsible for administering medications should have the keys on them at all times.</p> <p>9-3-6(a)</p>						

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, for 1 of 3 sampled clients who wore eyeglasses (client #1), the facility failed to encourage and teach client #1 to wear his eye glasses.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 4/16/12 from 5:10 A.M. until 7:30 A.M.. During the entire observation period client #1 did not wear his prescribed eyeglasses. Client #1 was not prompted by staff to wear his eyeglasses.</p> <p>A public school observation was conducted on 4/16/12 from 12:25 P.M. until 1:30 P.M.. Client #1 was observed during the entire observation period not wearing eye glasses while doing his school assignments. Client #1 was not prompted by staff to wear his prescribed eyeglasses.</p>		W0436	<p>Client #1's glasses are furnished, maintained in good repair and chooses when he wants to wear his glasses. Responsible Person: Betty Moody, Group Home Manager. All Staff were re-trained that Client #1 should be encouraged to wear his glasses whenever doing any table activities or whatever might require up-close viewing. Responsible Person: Traci Hardesty, Program Coord/QDDP. To ensure compliance, glasses were added to his activity schedule. Responsible Person: Betty Moody, Group Home Manager.</p>		05/24/2012	

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	<p>An evening observation was conducted at the group home on 4/16/12 from 5:20 P.M. until 7:41 P.M.. During the entire observation period client #1 did not wear his prescribed eyeglasses. Client #1 was not prompted by staff to wear his prescribed eyeglasses</p> <p>A review of client #1's record was conducted on 4/17/12 at 11:35 A.M.. Review of client #1's most current vision exam dated 8/31/10 indicated: "Myopia, Astigmatism...patient needs corrective lens...glasses ordered."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 4/24/12 at 2:15 P.M.. The QMRP indicated client #1 wore eyeglasses and further indicated staff should prompt him to wear his eyeglasses.</p> <p>9-3-7(a)</p>						

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed for 1 of 3 sampled clients (client #3), to assure he washed his hands prior to setting the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 4/16/12 from 5:10 A.M. until 7:30 A.M.. At 6:50 A.M., client #3 put his hands in the front and back of his pants. Direct Support Professional (DSP) #3 prompted client #3 to place his already prepared plate on the dining table. Client #3 did not wash his hands and was not prompted to wash his hands.</p> <p>An interview with the QMRP (Qualified Mental Retardation Professional) was conducted at the administrative office on 4/24/12 at 2:15 P.M.. The QMRP indicated client #3 should have washed his hands prior to setting the dining table.</p> <p>9-3-7(a)</p>			W0455	<p>All clients including #3 always are directed to washes their hand prior to cooking, setting the table &amp; dinner. Responsible Person: Betty Moody, Group Home Manager. All staff were re-trained in infection control. Staff need to ensure that the client follows hand washing techniques and does not displayed poor hygienic practices from point A to point B. Responsible Person: Betty Moody, Group Home Manager. To ensure compliance, meal time reliability will be completed to show competency. Responsible Person: Betty Moody, Group Home Manager.</p>		05/24/2012



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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed to assure 2 of 3 sampled clients (clients #1 and #3), were involved in meal preparation or served themselves.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 4/16/12 from 5:10 A.M. until 7:30 P.M.. At 6:10 A.M., client #1 stood in the hallway throwing a ball. At 6:20 A.M., client #1 entered the dining area and sat at the dining table where his already prepared bowl of cereal and piece of toast was. Client #1 ate his meal independently. At 6:40 A.M., Direct Support Professional (DSP) #1 cooked client #3's meal which consisted of rice and sausage links, as he paced back and forth with no activity. At 6:50 A.M., client #3 put his already prepared plate on the table and ate his meal independently. Clients #1 and #3 did not assist in meal preparation and did not serve themselves.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was</p>			W0488	<p>All clients are to be involved in meal preparation or serve themselves to the best of their ability. Responsible Person: Betty Moody, Group Home Manager. All staff were re-trained in dining areas, which includes being involved in all aspects of meal preparation to the based of their ability. Person Responsible: Traci Hardesty, Program Coord/QDDP. To ensure compliance, a meal time reliability will be completed during breakfast &amp; dinner to show competency. Responsible Person: Betty Moody, Group Home Manager.</p>		05/24/2012

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	<p>conducted at the administrative office on 4/24/12 at 2:10 P.M.. The QMRP indicated clients #1 and #3 were capable of assisting in meal preparation and serving themselves and further indicated they should be assisting in meal preparation and serving themselves at meal times.</p> <p>9-3-8(a)</p>						